DOCUMENT RESUME

ED 395 666 PS 024 191

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TITLE A Developmental Strategy To Prevent Lifelong Damage.
INSTITUTION Carnegie Corp. of New York, N.Y.
PUB DATE 95
NOTE 18p.; Reprinted from the 1995 Carnegie Corporation of New York Annual Report.
PUB TYPE Reports - Descriptive (141) -- Viewpoints (Opinion/Position Papers, Essays, etc.) (120)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Adolescents; Change Strategies; Child Development; *Child Health; *Child Rearing; Children; *Child Welfare; *Corporate Support; Day Care; Early Childhood Education; *Early Intervention; Elementary Secondary Education; Family (Sociological Unit); *Health Promotion; Health Services; Prevention; Public Agencies; Social Agencies; Social Services
IDENTIFIERS *Carnegie Corporation of New York; Developmentally Appropriate Programs

ABSTRACT

This report provides an overview of initiatives of the Carnegie Corporation, including its Task Force on Meeting the Needs of Young Children. This task force was established to promote healthy development and education in children ages 3 to 10, including an emphasis on primary education strategies for improvement in disadvantaged communities. The sections of the report and the topics addressed are: (1) "The Changing American Family," discussing strains placed on family life, along with increasing responsibility being placed on people outside the home for child rearing--health care providers, teachers, community, and child care workers; (2) "The Conditions for Fostering Healthy Development," describing basic childhood needs and their relationship to positive outcomes for children; (3) "Preventing Damage in the Earliest Years," highlighting suggested interventions in prenatal care and child care; and (4) "Early Adolescence: A Time of Opportunity and Risk," focusing on family education concerning adolescent development, creating developmentally appropriate schools, ensuring access to health services, and exploiting the constructive potential of media. The conclusion asserts that families, schools, the health sector, community organizations, and the media must join forces in the mission of making the world better for children. (BGC)

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A Developmental Strategy to Prevent Lifelong Damage

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A Developmental Strategy to Prevent Lifelong Damage

David A. Hamburg

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A Developmental Strategy to Prevent Lifelong Damage

Over the past twenty-five years, Carnegie Corporation has devoted much attention and a great deal of its resources toward better understanding of child and adolescent development and toward ways of fostering positive outcomes for youth in the face of drastic changes in the American family and society. Through the grant process and the sponsorship of special study groups, the Corporation has sought to strengthen the knowledge base in child and adolescent development, to raise public awareness of the developmental needs of young people, and to offer practical solutions for improving their life chances.

Two crucially formative and comparatively neglected phases in the life span have been the object of deep concern by the foundation in the past decade. These are the first three years of life, beginning with the prenatal period, and early adolescence, covering ages ten through fourteen. Work on these two periods has resulted in several syntheses of the best available knowledge from research and practice, leading to recommendations for action by key institutions of society. The culminating reports, *Starting Points: Meeting the Needs of Our Youngest Children* (1994) and *Great Transitions: Preparing Adolescents for a New Century* (1995), have been widely disseminated to the public, and their recommendations are beginning to take effect in policies and programs throughout the nation.

Most recently, the Corporation has established a new task force to promote healthy development and education in the years from three to ten. It will examine the current condition of primary grade education, paying particular attention to strategies for making improvements in disadvantaged communities, where the need is greatest. The final report of the task force will be issued in September 1996.

With this latest initiative, the Corporation's programs now cover the entire spectrum of early life, from before birth through age fourteen. Phase by developmental phase, the programs provide the basis of a cohesive developmental strategy for ensuring the health and well-being of America's children and youth.

NOTE: *The president's annual essay is a personal statement representing his own views. It does not necessarily reflect the foundation's policies.*

What are the essential requirements for healthy development, and what are the principal opportunities for meeting these requirements? In what ways can families be strengthened to meet the developmental needs of the nation's young? What extra-familial influences can help to meet them? Finally, what information, skills, and professional services can be brought to bear in ensuring healthy development under contemporary American conditions?

The Changing American Family

From time immemorial, the family has been the fundamental unit responsible for the health, education, and general well-being of children; indeed, the family has been the central organizing principle of societies everywhere. But in the United States, the structure and function of families have undergone profound changes in just the past thirty years. Some of these changes represent new opportunities and tangible benefits. Others place the well-being of children in such jeopardy as to pose a major problem for the entire society.

Today, stable, close-knit communities where people know each other well and maintain a strong ethic of mutual aid are not as common as they once were. For growing children, the intellectual and social tasks they must master are far more complex than they were in the small, simple societies of their ancestors. Young people having children are less experienced in child care than were any of their predecessors. Many start a new family without the knowledge, skills, or confidence to carry out the enduring responsibilities of competent parenthood.

In this time of accelerated change, family life has been subjected to severe strains. By 1990, more than half of all mothers of very young children, preschool as well as school-age, held jobs outside the home. Many, if not most, parents are having difficulty integrating work and family responsibilities. Close to half the children of married parents have lived through divorce by the time they reach age sixteen. The majority of American children have spent at least part of their childhood in a single-parent family. Compared with other countries, the United States has come to exhibit a kind of revolving-door pattern of repeated marriages and divorces, and of multiple attachments and disruptions, that is placing the development of children and adolescents at serious risk of long-term damage.

An additional strain on families is the diminished time that parents spend with their children. Not only are mothers at home much less than they were thirty years ago, but there is very little evidence that fathers are devoting more time to their children to compensate. Moreover, only about 5 percent of American children see a grandparent regularly. Children spend a vast amount of time during their years of most rapid growth and development gazing at the violence-drenched mixture of reality and fantasy presented by television. Young adolescents often lack the leadership, mentorship, and support of responsible, caring adults that they still need — and say they want.

With such dramatic shifts in the nature of family life, it is not surprising that surveys of public opinion indicate that American parents across all social classes are troubled about raising their children. Two-thirds of them report they are less willing than their own parents were to make sacrifices for the next generation.

A major consequence of this metamorphosis has been that children are becoming a responsibility shared by members of the family with other individuals and institutions. Just as the economic functions of the family moved out of the home early in the Industrial Revolution, so is child care to a large extent moving beyond the home. A child's development is less and less under parents' and grandparents' direct super-

vision and more and more in the hands of near strangers. The people who can meet the fundamental developmental needs of children and adolescents are still largely available within the young person's immediate or extended family. But other adults — health care providers, teachers, community and church workers, even business leaders — are increasingly being called upon to help provide the necessary conditions for healthy development.

The Conditions for Fostering Healthy Development

A good start marks the beginning of hope. A poor start can leave an enduring legacy of impairment, and the high costs may show up in the various systems of health care, education, and juvenile justice. We call these impairments by many names: disease, disability, ignorance, incompetence, hatred, violence. By whatever name, such outcomes entail severe economic and social penalties for the nation.

During their earliest years of growth and development, children need dependable attachment to parents or other adult caregivers; they need protection, guidance, stimulation, nurturance, and skills to cope with adversity. Infants in particular need caregivers who can promote attachment and thereby instill the fundamentals of decent human relationships throughout the life span. Young adolescents, too, need to connect with people who can guide their momentous transition to adulthood with sensitivity and understanding.

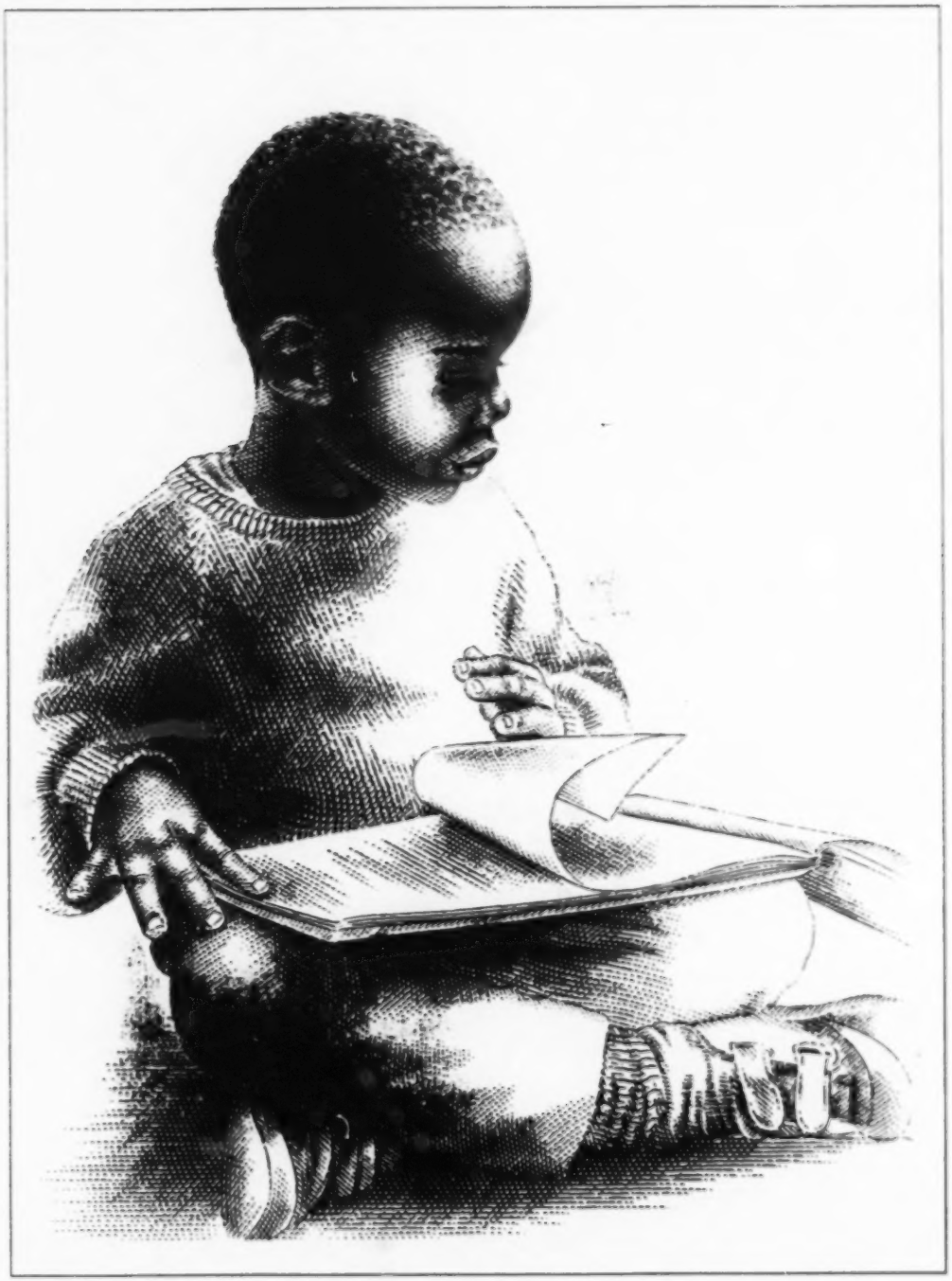
In an ideal world, all children grow up in an intact, cohesive family, dependable in every crunch. They flourish in a multifaceted parent–child relationship with at least one parent who is consistently nurturing and loving and able to enjoy child rearing, teaching, and coping. They inhabit a reasonably predictable adult environment that fosters gradual preparation for adult life. They have extended family members who are available to lend a hand. They are part of a supportive community or larger group beyond the family, whether it be a neighborhood, religious, ethnic, or political group.

Conditions such as these greatly enhance the odds that young people will pursue lifelong learning, acquire constructive skills, be in good health, develop valued human attributes, including prosocial behavior, and have a tangible basis for envisioning an attractive future in which they can recognize and seize opportunities.

Approximating these optimal conditions is an immense task for the parents or other caregiver in any family. For families struggling alone, the challenge is exceedingly difficult. Child raising takes time and care, protection and guidance, experimentation, and learning from experience. Above all, it is an enduring commitment — one that is fundamentally rewarding, if often frustrating.

The institutions beyond the family that have the greatest influence on child and adolescent development are the schools, community organizations including religious ones, health care institutions, and the media. Are there a few essential requirements for healthy development that most families can meet with the support of these pivotal institutions?

Within the scientific and professional communities, an important consensus has, in fact, emerged on ways that parents and others can cooperate in coping with the developmental needs of children and young adolescents. Evidence is accumulating that a range of preventive interventions involving frontline institutions can set a young person onto the paths toward healthy, constructive adulthood. Beginning with early and comprehensive prenatal care, these measures include well-baby medical care, empha-



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sizing disease prevention and health promotion: home visits by human service professionals, especially in homes with very young children; parent education to strengthen competence and build close parent–child relationships; parent support networks that provide mutual aid in fostering health and education for their children and themselves; child care of high quality outside the home, especially in day care centers; preschool education, modeled on Head Start, that combines parental involvement with disease prevention and the stimulation of cognitive and social skills; and enhanced elementary education and middle grade education — education that is developmentally appropriate, that fosters fundamental skills, and that encourages good health practices.

Altogether, such opportunities have strong potential to prevent damage of many kinds as reflected in indices of health and education. A few selected interventions are highlighted below.

Preventing Damage in the Earliest Years

PRENATAL CARE

Prenatal care — now absent or inadequate for at least a quarter of pregnant American women — has a powerful capacity to prevent fetal damage, including brain damage, which can lead to so many tragic outcomes. At its best, prenatal care is a two-generation intervention that serves both children and parents, provides social supports, and incorporates vigorous efforts to reach young women early.

In addition to medical care for the mother and the developing fetus, an essential component of good-quality prenatal care is education of the parents. Prenatal education makes use of the distinctive motivation of the pregnant mother as well as the new father to strengthen their knowledge and skill in caring for themselves and their prospective baby. In combination with social support services, which can link clients to job training and formal schooling, among other benefits, it can substantially improve prospects for the future of the young family.

Especially in poor communities, young parents need a dependable person who can provide social support for health and education through the months of pregnancy and beyond. This can be organized as a systematic intervention drawing upon women who are from the community and who have relevant experiences in child rearing. When given a modicum of training and supervision, these women can offer personal support and practical guidance to poor young mothers.

CHILD CARE

As child rearing moves beyond the home, the quality of outside care becomes crucial. The vast majority of responsible parents are eager to ensure that such care facilitates their child's healthy development. The crucial factor in quality of care is the nature and behavior of the caregiver. Just as parents want a competent doctor to foster their child's health, so they desire a capable caregiver who can understand and meet their child's developmental needs. In practice, this is difficult to achieve, even for affluent parents.

With the surge in demand for child care, those trying to provide it have eagerly sought to develop competent caregivers. But even with the best of intentions, this field has been characterized by low pay, low respect, minimal training, minimal supervision, and extremely variable quality. Although most child care workers try very hard to do a decent job, the plain fact is that many of them do not stay in their positions very long, and this in itself puts a child's development in jeopardy. Especially in settings for young children, in which dependable long-term

caretaking relationships are essential, high staff turnover is all too common.

In 1994 the Corporation's task force report, *Starting Points*, underscored the importance of four basic approaches to meeting the needs of the youngest children: preparation for responsible parenthood; preventive health care; the enhanced quality and availability of child care — for example, through cooperative networks and professional training; and stronger community supports for families.

The report suggests ways of mobilizing intersectoral cooperation within communities toward the well-being of children — a difficult but not impossible task. Agents of change that can potentially cooperate include family–child resource centers; federal, state, and local councils for children; and educational institutions and businesses. Together they can assess specific needs and formulate ways of meeting them; seek ways to integrate educational, health, and social services in communities; and promote the direct involvement of local businesses, media organizations, and key professions in children's healthy development.

Early Adolescence: A Time of Opportunity and Risk

Early adolescence is one of the most striking developmental experiences in the entire life span. What does this transition mean? It means going beyond childhood toward the distant goal of becoming an adult. There is a chasm between these two great phases of life, and it takes a mighty leap to get across. How do our children learn to make the leap? What help do they need in making it? Who helps — or fails to help — in this risky process? Why do so many fall into the chasm, never making it to healthy, constructive, productive adult life?

It is a disturbing fact that about one quarter of our youth are at high risk for rotten futures from educational failure, serious injury, disease, and economic incompetence. Another quarter are at moderate risk for such outcomes. Some of the risks, like the crashes of drunken driving, are rapidly translated into damage. Other risks are like a time bomb set in youth that explodes later, as in cancer and heart disease, which follow from risk-taking habits shaped in adolescence.

The Carnegie Council on Adolescent Development, formed in 1986, illuminated this sadly neglected but fateful phase of life, sounding a powerful alarm for the nation in its concluding report, *Great Transitions*. Most of the report describes practical measures that can feasibly be taken to prevent the damage now crippling so many lives.

The council was composed of leaders from different sectors of American society who drew together the most reliable information about adolescent development, focusing on health, education, and the social environment. It tackled serious adolescent problems by seeking preventive interventions based, to the extent possible, on systematic research and also on careful assessment of creative innovations.

The problems adolescents face are occurring across all segments of the youth population; no part of the society is exempt from the casualties. Among the more disquieting signs is the emergence in younger adolescents of very high-risk behaviors that were once associated with older groups: smoking, alcohol use, sexual activity, alienation from school, even involvement with deadly weapons.

Early adolescence is a time of profound biological transformation and social transition characterized by exploratory behavior, much of it adaptive and expected for this age group. But carried to extremes, and especially if it becomes habitual, such behavior can have lifelong consequences. Many dangerous patterns, in fact, commonly emerge during these years.

Initially, adolescents explore these new possibilities tentatively, with the experimental attitude that is typical of adolescence. Before damaging behavior is firmly established, therefore, there is a unique opportunity to prevent lifelong casualties.

What does it take to become a healthy, problem-solving, constructive adult? Young adolescents on an effective developmental path must

- Find a valued place in a constructive group.
- Learn how to form close, durable human relationships.
- Earn a sense of worth as a person.
- Achieve a reliable basis for making informed choices.
- Express constructive curiosity and exploratory behavior.
- Find ways of being useful to others.
- Believe in a promising future with real opportunities.
- Cultivate the inquiring and problem-solving habits of the mind necessary for lifelong learning and adaptability.
- Learn to respect democratic values and responsible citizenship.
- Build a healthy lifestyle.

The work of the council has consistently addressed ways in which these requirements can be met by a conjunction of frontline institutions that powerfully shape adolescent development, for better and worse. They begin with the family but include schools, the health sector, community organizations, and the media. How can we move the balance of these influences from worse to better? The council's recommendations for each of these institutions are not utopian or hypothetical. Working models can be observed in some communities, a few of which have been scrutinized by evaluative research. The challenge is to expand them to meet the nation's needs.

STRENGTHENING FAMILIES FOR ADOLESCENT DEVELOPMENT

Parental involvement in school activities declines steadily as children progress to middle school and later to high school. School personnel often discourage such involvement, and many parents consider it inappropriate after a child reaches middle school age, or they do not make the time. Schools should regard the families of students as allies and cultivate their support. Together with other community institutions, they can create parent support groups, parent education programs, and education for prospective parents. Parents, for their part, must recognize the need to remain actively engaged in their adolescents' education.

Additionally, employers, both public and private, can pursue more family-friendly policies for parents with young adolescents. Health professionals should also be more active in helping parents understand ways of renegotiating their relationship with their developing adolescent, so that they remain deeply interested and supportive while accepting more adult-to-adult modes.

CREATING DEVELOPMENTALLY APPROPRIATE SCHOOLS

Research has shown the value of developmentally appropriate education for children and young adolescents, which means that the content and process of learning should mesh with the interests and capacities of the child. Specifically, it means the creation of schools of small units, or schools within schools, which can offer sustained individual attention to the developing adolescent in the context of a supportive group. In such schools, students learn decent human relations

through the techniques of cooperative learning and supervised community service. Curiosity and thinking skills are stimulated through study of the life sciences. Education and health are linked, each nourishing the other.

The life sciences, emphasizing a distinctively human biology, can provide a salient organizing principle for middle grade education. These sciences can tap into the natural curiosity of young adolescents, who have good reason to be particularly interested in development since they are experiencing the early adolescent growth spurt. A curriculum focused on human biology should naturally include the scientific study of behavior, particularly behavior that bears strongly on health throughout the life span. Connected to life-skills training and social supports, courses in the life sciences can diminish the likelihood that a young person will engage in health-damaging behaviors.

SCHOOLS AS HEALTH-PROMOTING ENVIRONMENTS

Middle grade schools should provide clear examples of health-promoting behavior, means of social reinforcement for such behavior, and encouragement of healthful habits. They should clarify the nature of good nutrition in the classroom and serve well-balanced meals in the cafeteria. They should be smoke free and offer programs to help students and adults stop smoking. Demonstrating the effects of alcohol and illicit drugs on the brain and other organs should be an integral part of education and school practices.

Physical fitness should be a matter of pride for all in the school community. Opportunities for exercise and athletics should not be limited to varsity competition between different schools. Schools should join with parks and recreation departments to provide a variety of physical activities, so that every student can participate actively.

Schools must be safe places. Stopping violence, drug dealing, and the carrying of weapons in and around schools are an urgent challenge. Nonviolent conflict resolution should become a vital part of curriculum and school practices. Indeed, the curriculum and school practices should be closely allied over the whole range of health-relevant behavior.

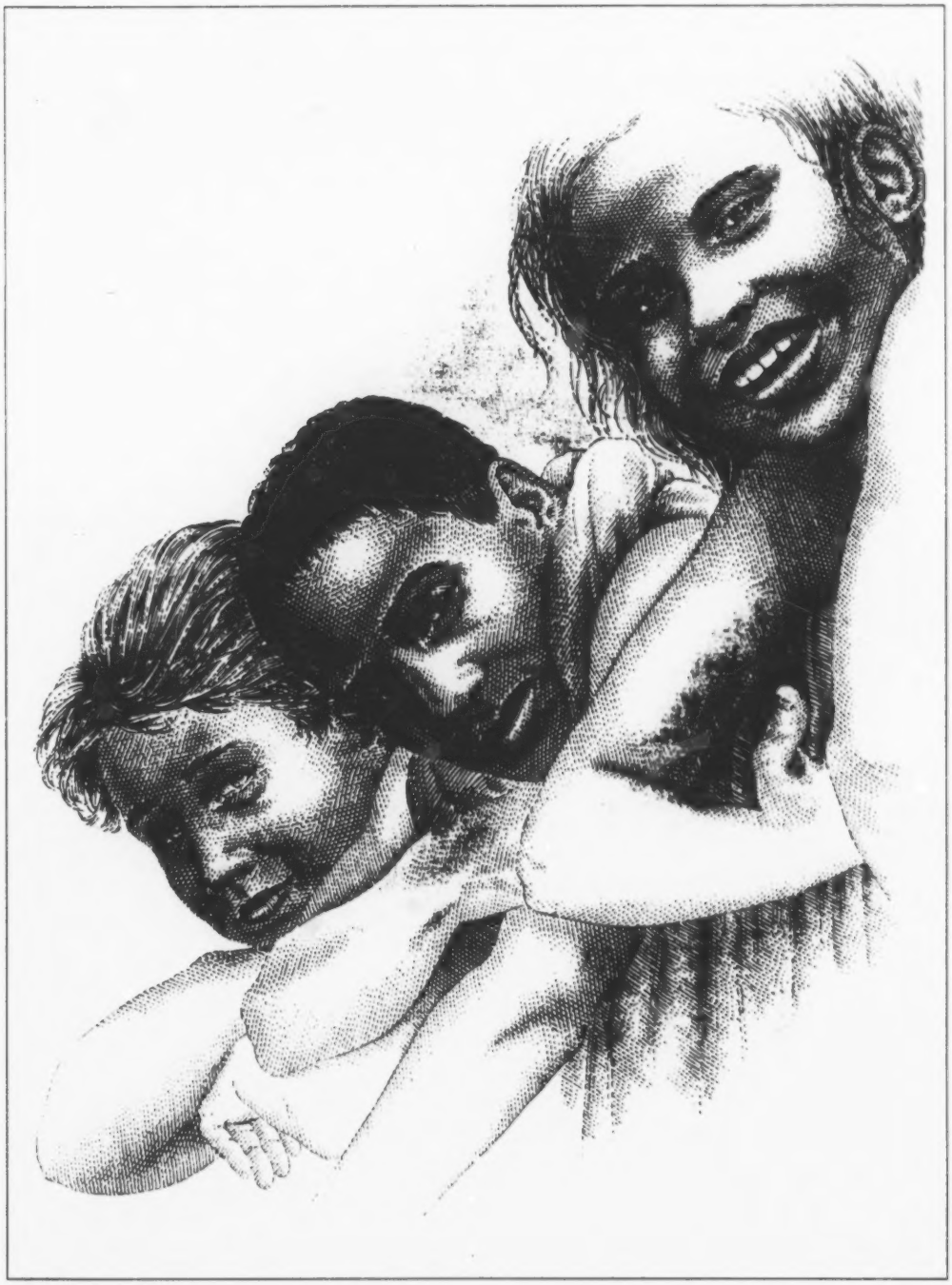
ENSURING ACCESS TO HEALTH SERVICES

There is a serious unmet need for accessible health care among young adolescents. Health clinics may be established at the schools or, if nearby, functionally connected with the school. Such services should be clearly recognizable to middle grade students and be user friendly. Local option is important in order to recognize and respect the diversity that exists among American communities. Though sexual behavior is controversial, reproductive health is a modest but significant part of adolescent health. This cannot be avoided in an era of AIDS and adolescent pregnancy.

It is essential to train health and education professionals with a thorough understanding of the developmental needs and behavior-related problems of adolescents. Historically, the relevant professions have skimped in preparing for the specific needs and opportunities of this crucially formative phase.

LIFE-SKILLS TRAINING

Middle grade schools can provide their students with the knowledge and skills to make informed, deliberate decisions. Such information, combined with training in interpersonal skills and decision making, can help students resist pressure from peers or from the media; relieve distress without engaging in dangerous activity; learn how to make friends if they are isolated; and develop and use conflict resolution skills to avoid vio-



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lence, yet assert themselves effectively. Such life skills are pertinent to a wide range of health-relevant behavior, especially to the prevention of smoking and other substance abuse in early adolescence.

SOCIAL SUPPORTS IN EARLY ADOLESCENCE

A variety of organizations and institutions can provide supplements or surrogates for parents, older siblings, and relatives. Across the country, there are many examples of such interventions. Some are based in churches, such as the initiatives of the Congress of National Black Churches; some are based in community organizations, like the Girls Clubs. Others involve youth service, like the Campus Compact based in colleges and universities; still others are based in minority organizations. The central point is that churches, schools, community organizations, and businesses can build constructive social support networks that attract disadvantaged youngsters. These networks can foster young people's health, their education, and their capacity to be accepted rather than rejected by the mainstream society and can offer them healthy alternatives to substance abuse and violent gang membership.

OPPORTUNITIES IN THE NONSCHOOL HOURS

Communities must seek to provide attractive, safe, growth-promoting settings for young adolescents during the out-of-school hours — times of high risk when parents are often not available to supervise their children. More than 17,000 national and local youth organizations, including those sponsored by religious groups, now operate in the United States, but they do not adequately serve the needs of this age group.

These organizations must now work to expand their reach to youth in all communities, offering more activities that convey information about life chances, careers, and places beyond the neighborhood, and engaging them in community service and other constructive opportunities that foster education and health.

CONSTRUCTIVE POTENTIAL OF THE MEDIA

The undeniable power of the media could be used far more constructively than it is in the lives of young adolescents. Families, schools, and community organizations can help young people become "media literate" so they can examine media messages thoughtfully and critically. Public and professional organizations can work with media organizations in developing health-promoting programming and media campaigns for youth. Such organizations can support social actions that discourage the media from glamorizing violence and sex as well as drinking, smoking, and other drug use. Independent experts in child and adolescent development, health, and education can link up with news and entertainment leaders, striving for accurate, informative, and constructive portrayals of youth in the media.

ADDITIONAL STEPS

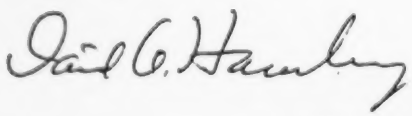
In the final chapter of *Great Transitions*, the Carnegie Council challenges the powerful sectors of society with ideas for what they can do to implement the recommendations of the report. Government at all levels, businesses, universities, and scientific and professional organizations will in the end have to offer substantial, sustained help to the frontline institutions, or the casualties will keep increasing and the nation will suffer altogether. Most of the efforts sketched in this essay could be strengthened by changes in science policy that would place a high priority on research on adolescent development, on the risk factors associated with early adolescence, and on preventive interventions.

Concluding Comments

Those institutions that have a major shaping influence on the young—families, schools, the health sector, community organizations, and the media—must join forces in adapting to the transforming requirements of the late twentieth century. Much could be achieved in this vast, heterogeneous nation of ours if we thought of our entire population as a very large extended family, tied by history to a shared destiny and requiring a strong ethic of mutual aid. The central question is: Can we do better than we are doing now?

In the long run, the vitality of any society and its prospects for the future depend on the quality of its people—on their knowledge and skill, their health and vigor, and the decency of their human relations. Preventing much of the damage now occurring would, therefore, have powerfully beneficial social and economic impacts, resulting in a more effective work force, higher productivity, lowered health costs, lowered prison costs, and so much relief of human suffering!

In an era when there is well-founded concern about losing a vital sense of community, the initiatives sketched here can also have the profound collateral benefits of building national solidarity, a mutual-aid ethic, and a reasonable basis for hope among people of all ages. What can bring us together better than our children? If there were any mission more important, I wonder what it could be.



President

Note

The Carnegie Task Force on Learning in the Primary Grades was created in January 1994 with a membership of twenty-three leaders in child development, education, business, government, and the media. It is cochaired by Dr. Shirley M. Malcom and Admiral James S. Watkins, both trustees of Carnegie Corporation. The executive director is Antony Ward.

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DESIGN

The Office of Eric Madsen, Minneapolis

PRINTING

Watt/Peterson, Inc., Minneapolis

TYPOGRAPHY AND PAPER

The text of this essay is set in Caxton Light. Headlines are set in Century Light Condensed. The paper stock is Quintessence Dull 80 lb. Text and Quintessence Dull 80 lb. Cover.

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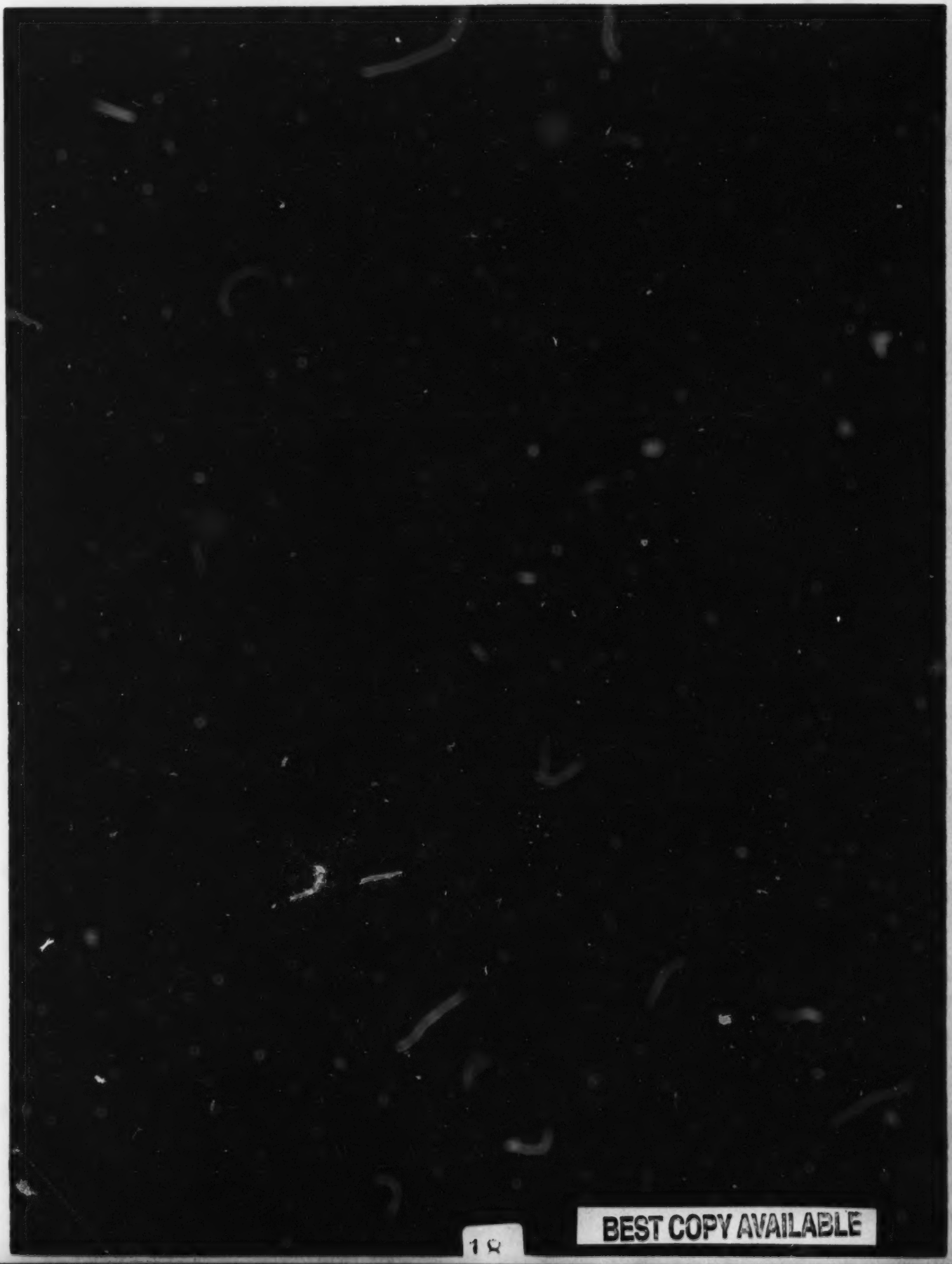

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